2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State
04-19-2005 90019 031 ****50.00

DOCUMENT # L04000073331

1. Entity Name
CLOSE REACH SAILING GROUP, LLC

Principal Place of Business	Mailing Address
12627 SAN JOSE BLVD 302 JACKSONVILLE, FL 32223	12627 SAN JOSE BLVD 302 JACKSONVILLE, FL 32223

04082005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
6817 Southpoint Parkway		P.O. Box 600652	
Suite, Apt. #, etc. 1804		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32216	Country USA	Zip 32260	Country USA

4. FEI Number 20-1728123 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARPER, LEWIS W 12627 SAN JOSE BLVD 302 JACKSONVILLE, FL 32223	Name Lewis W. Harper Street Address (P.O. Box Number is Not Acceptable) 6817 Southpoint Parkway, STE 1804 City Jacksonville FL Zip Code 32216

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4-9-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARPER, LEWIS W 12627 SAN JOSE BLVD., SUITE 302 JACKSONVILLE, FL 32223	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Harper, Lewis W. 6817 Southpoint Pkwy., STE 1804 Jacksonville, FL 32216	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARPER, DEBRA S 12627 SAN JOSE BLVD., SUITE 302 JACKSONVILLE, FL 32223	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Harper, Debra S. 6817 Southpoint Pkwy., STE 1804 Jacksonville, FL 32216	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] Lewis W. Harper, MBR/MGR 4-9-05 904-886-9270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #